

OFFICIAL USE ONLY

Special Event/Use Name:

Special Use Application \$100

A Special Use Permit is required for conducting any of the following in Jackson Demonstration State Forest:

- Any organized activity or event which:
 - will be advertised or noticed in any publication, poster, electronic media, or flyer, or
 - requests or requires a fee for participation, or
 - meets any of the described Special Use categories (events, ongoing activities/programs, activities outside State Forest standards, filming, educational events)

Please submit this completed application including attached map of your proposed route or use area (TYPE WRITTEN PREFERRED)

In person or by mail to: Jackson Demonstration State Forest

802 N Main St.

Fort Bragg, CA 95437

Please note: The submittal of a Special Use Application and payment of \$100 application fee is a request for a Special Use Permit for your event or activity and does not constitute a permit or approval for your event or activity. Upon approval of your application, permit requirements must be completed in order to proceed with the event or activity. Event fees are based upon number of participants/days and are non-refundable and permit is not transferable to a third party; rescheduling fee is \$150. Minor Special Use Applications (i.e. events/activities one day and/or less with fewer than 75 participants) must be submitted at least 30 days in advance of event or activity and may be submitted up to 1 year prior.

Major Special Use Applications (i.e. events/activities 2 or more days and/or more than 75 participants) have an annual deadline of March 1st of the year of the proposed event. Applications must be submitted annually for ongoing activities or programs. A maximum of two SUP shall be granted to an individual, group, or organization permittee per year. If you have any questions, please call (707) 964-5674 or visit our website www.fire.ca.gov/resource mgt/resource mgt stateforests jackson.php Application fee is nonrefundable.

APPLICANT INFORMATION			Date of Request						
Contact: Name / Title									
Organization				•					
Address		City/State/Zip Code							
Day Phone	Cell Pho	200		Fax Number					
,		ле		l ax Nullibel					
Email Address		Website							
Sponsor contact (Association, Gro	oup, etc.) if different fror	n above:							
Type of Event/Activity with antic	ipated headquarters loca	tion (Description):							
Event/Activity Name:									
Eventy Activity Name.									
Event/Activity Dates and Hours									
Maximum Number of People expe	ected to attend at one tin	ne: Total:	Participants:	Spectators:	Staff:				
Will Participants be camping?									
Will a fee be requested or require	d for participation?	YES		NO					
vin a ree we requested or require	a for participation.								
Is this a competitive event/activit	y?	YES		NO					
Event/Activity shall not be adverti	and prior to written annu	oval from IDSE Anna	duarticing often area	oval shall reference "	lackson Domonstration				
State Forest". How is the event/a									

What is	the connection betwe	en vour ever	nt or activit	ty and the	benefits to	the State	Forest? (Ple	ase be spo	ecific and p	rovide as m	uch detail as
possible		•		•			•	•	•		
p	-,-										
DI	provide a general timel		/								
Please p	provide a general timei	ine oi your ev	vent/activi	ıy:							
	al Use Permit is for <u>no</u>			_		•			•	tricting acce	ess to other
forest u	sers for safety reasons?	? If so, please	provide de	etails conce	erning trails	s, trail segn	nents, time	frames, et	c.		
Please I	ist any equipment or so	upplies that y	ou would l	like to brin	g in for you	r event/ac	tivity:				
<u> </u>											
The Ct	ata of California shall n		ananaihla f					- fuere +b	م ماناما ما		au aatiuitu
The Sta	ate of California shall n	ot be neid re	sponsible i	or persona	i injury or j	property da	ımage arısır	ig irom the	e notaing of	your event	or activity.
Unon a	pproval of your applicati	on vou will n	eed to obta	in a compre	hensive ge	neral liability	v insurance r	olicy in wh	ich the Stat	e of Californi	a is a named
				•	_			•			
	d. A copy of the insurance					_					
	rmittee and their compr										
\$2,000,	,000 aggregate; personal	liability of \$1,	000,000 for	athletic par	ticipant; lia	oility for pro	ducts – com	p/op aggre	gate of \$1,0	00,000; fire o	amage liability
of \$50,0	000; (b) maintain in full fo	orce and affec	t a policy of	Workers Co	ompensatio	n Insurance	covering all	employees	(c) prevent	participation	in the event
by pers	ons who are not covered	by the insura	nce: (d) pol	icv shall be	underwritte	n to the sat	isfaction of t	he State an	d shall conta	in this speci	al endorsement
	of California, its officers,	-		-						-	
								•			
	ned; The insurer will not o										
whiche	ver is shorter, to State."	Upon approva	al of your ap	oplication, y	ou may be	required to	provide two	(2) or more	e certified m	edical respo	nders (i.e.
wildern	ess first responders, eme	rgency first re	sponders or	EMTs), dep	ending on t	he event, ai	nd/or one (1) or more p	ortable toile	ets. Please s	ee the attached
map of	f the forest. The route	of the event.	or area of	use. must	be shown o	n an accep	table map a	nd submit	ted along v	vith this app	lication. The
	or area of use must be ap										
	•			•	•			-			
	including: complete insp	-	-	ating areas,	staging are	as, trail rou	te rest stops	, etc., and i	removal of t	rasn, portab	e tollets, all
access	and route signs, flagging	and markers.									
The Sta	ite requires user fees for	Special Use Ev	vents (ref A	B 2351 Che:	sbro):						
	SPECIAL EVENT FEE SCHEDUL	.E			-						
1		Number o	f Days of Event								
1	# of Participants	1	2	3	4	5	6	7	8	9	10
	0-50	\$200	\$400	\$600	\$800	\$1000	\$1200	\$1400	\$1600	\$1800	\$2000
	51-100	\$400	\$600	\$800	\$1000	\$1200	\$1400	\$1600	\$1800		
I	101-150	\$800	\$1000	\$1200	\$1400	\$1800	\$2000				
I	151-200	\$1200	\$1600	\$2000	\$2400						
I	201-250	\$1600	\$2000								
	251-300	\$2000	\$2400								
	301-400 maximum	\$3000	\$3600								
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I certi	ify that the informa	ation conta	iined in t	he applic	cation is a	accurate	and that a	any perm	nits requi	red by sta	te or
fodor	al law will be obtai	nad hafar	commo	ncingov	ant or ac	tivity					
licaci	ai iaw wili be obtai	neu beiord	Commi	ilcing e vi	ent or ac	LIVILY.					
Signati											
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Jackson E	ure of Responsible Part	у			OFFICIAL L	ISE				dau.	
Jackson E *Dat	ure of Responsible Part Demonstration State Forest Specter Received by JDSF:	у			OFFICIAL L	ISE		*Accept ap	plication for rev		
Jackson E *Dat	ure of Responsible Part	у			OFFICIAL L	ISE		*Accept ap	plication for rev		
Jackson E *Dat	ure of Responsible Part Demonstration State Forest Specter Received by JDSF:	у			OFFICIAL L	ISE		*Accept ap	plication for rev		
Jackson E *Dat *Tyr	ure of Responsible Part Demonstration State Forest Specter Received by JDSF:	Y ecial Conditions:			OFFICIAL L	ISE		*Accept ap	plication for rev		
Jackson E *Dat *Tyr	ure of Responsible Part Demonstration State Forest Spe te Received by JDSF: pe of Requested Use:	Y ecial Conditions:			OFFICIAL L	SE		*Accept ap	plication for rev		
Jackson E *Dat *Typ Jackson E 1) Event	Demonstration State Forest Speter Received by JDSF: per of Requested Use:	Y ecial Conditions:			OFFICIAL U	SE		*Accept ap	plication for rev		
Jackson E *Dat *Typ Jackson E 1) Event 2) Ongoing	Demonstration State Forest Space Received by JDSF: pe of Requested Use: Demonstration State Forest According Activity/Program	y ecial Conditions:			OFFICIAL L	ISE		*Accept ap	plication for rev		
Jackson E *Dat *Typ Jackson E 1) Event 2) Ongoing	Demonstration State Forest Spote Received by JDSF: pe of Requested Use: Demonstration State Forest According Activity/Program //Program outside State Forest	y ecial Conditions:			OFFICIAL L	ISE		*Accept ap	plication for rev		



